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July 1989

Audience: DO/BO/TSC--CR, CR TII, CR TXVI, FR, OA, OS, SR, TSC-SR; OCRO--ADOCPA, AMRSC, DCCRC, SDLCEC, SDOCCEC, SDOCPA, ERPB

Originating Office: ORSI

PROGRAM OPERATIONS MANUAL SYSTEM
Part 01 - Records Maintenance
Chapter 032 - Pension Information Processing System
Subchapter 70 - Field Office Handling of ERISA Inquiries

New Material

No. of Pages

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Background

This transmittal introduces a new subchapter that provides field offices (FO) with detailed instructions on the handling of inquiries about an individual's private pension that SSA has on file under the Employee Retirement Income Security Act (ERISA). Incorporated in this transmittal is general information on ERISA and ERISA notices formerly provided in GN 03302.010H.

Explanation of Manual Changes

03270.005 Handling ERISA Inquiries From the General Public

FO's are provided specific types of inquiries they can expect to receive from the public and a description of how they should be handled.

03270.007 Handling ERISA Inquiries From Pension Plan Administrators - Procedure

Guidelines are provided on how field offices should handle inquiries from private pension plan administrators.

03270.009 Handling Inquiries About SSA's ERISA Notice on Form SSA-L99-C1

Describes how to resolve questions raised by individuals about the ERISA notice received from SSA.

A

Effective Date: Upon Receipt

U.S. Department of Health and Human Services
Social Security Administration
Office of Policy
SSA Pub. No. 68-0103270
I.C.N. 998679

Selective Distribution
C83/OCRO
To adjust quantity requirements, submit form SSA-1296, "Request for Address or Distribution Change"

READEX FICHE best copy available

HE 3.6/5:

03270.011 Terms Used on ERISA Notice Form SSA-L99-C1 - Glossary

Defines the technical terms shown on the ERISA notice provided by SSA.

03270.015 Exhibit 1 - Form SSA-L99-C1, Notice of Potential Private Pension Benefits

Copy of the form sent by SSA to individuals.

03270.020 Exhibit 2 - Schedule SSA of Form 5500, Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

Copy of the form sent by plan administrator to IRS.

POMS

PROGRAM OPERATIONS MANUAL SYSTEM

Part 01

Records Maintenance

CHAPTER 032

Pension Information Processing System

SUBCHAPTER 70

Field Office Handling of ERISA Inquiries

U.S. Department of
Health and Human Services
Social Security Administration
Office of Policy
SSA Pub. No. 68-0103270
I.C.N. 998679

Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
1.			37.			73.			109.		
2.			38.			74.			110.		
3.			39.			75.			111.		
4.			40.			76.			112.		
5.			41.			77.			113.		
6.			42.			78.			114.		
7.			43.			79.			115.		
8.			44.			80.			116.		
9.			45.			81.			117.		
10.			46.			82.			118.		
11.			47.			83.			119.		
12.			48.			84			120.		
13.			49.			85.			121.		
14.			50.			86.			122.		
15.			51.			87.			123.		
16.			52.			88.			124.		
17.			53.			89.			125.		
18.			54.			90.			126.		
19.			55.			91.			127.		
20.			56.			92.			128.		
21.			57.			93.			129.		
22.			58.			94.			130.		
23.			59.			95.			131.		
24.			60.			96.			132.		
25.			61.			97.			133.		
26.			62.			98.			134.		
27.			63.			99.			135.		
28.			64.			100.			136.		
29.			65.			101.			137.		
30.			66.			102.			138.		
31.			67.			103.			139.		
32.			68.			104.			140.		
33.			69.			105.			141.		
34.			70.			106.			142.		
35.			71.			107.			143.		
36.			72.			108.			144.		

Check List of POMS Transmittals Received

TN	Date	Initial	TN	Date	Initial	TN	Date	Initial	TN	Date	Initial
145.			181.			217.			253.		
146.			182.			218.			254.		
147.			183.			219.			255.		
148.			184.			220.			256.		
149.			185.			221.			257.		
150.			186.			222.			258.		
151.			187.			223.			259.		
152.			188.			224.			260.		
153.			189.			225.			261.		
154.			190.			226.			262.		
155.			191.			227.			263.		
156.			192.			228.			264.		
157.			193.			229.			265.		
158.			194.			230.			266.		
159.			195.			231.			267.		
160.			196.			232.			268.		
161.			197.			233.			269.		
162.			198.			234.			270.		
163.			199.			235.			271.		
164.			200.			236.			272.		
165.			201.			237.			273.		
166.			202.			238.			274.		
167.			203.			239.			275.		
168.			204.			240.			276.		
169.			205.			241.			277.		
170.			206.			242.			278.		
171.			207.			243.			279.		
172.			208.			244.			280.		
173.			209.			245.			281.		
174.			210.			246.			282.		
175.			211.			247.			283.		
176.			212.			248.			284.		
177.			213.			249.			285.		
178.			214.			250.			286.		
179.			215.			251.			287.		
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03270.000 Field Office Handling of ERISA Inquiries

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General	03270.001
Handling ERISA Inquiries From the General Public	03270.005
Handling ERISA Inquiries From Pension Plan Administrators - Procedure	03270.007
Handling Inquiries About SSA's ERISA Notice on Form SSA-L99-C1	03270.009
Terms Used on ERISA Notice Form SSA-L99-C1 - Glossary	03270.011
Exhibit 1 - Form SSA-L99-C1, Notice of Potential Private Pension Benefits	03270.015
Exhibit 2 - Schedule SSA of Form 5500, Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits	03270.020

Field Office Handling of ERISA Inquiries

Audience: DO/BO/TSC—CR, CR TII, CR TXVI, FR, OA, OS, SR, TSC-SR; OCRO—ADOCPA, AMRSC, DCCRC, SDLCEC, SDOCCEC, SDOCPA, ERPB

03270.001 General

Introduction

This subchapter contains guidelines for handling Employee Retirement Income Security Act (ERISA) inquiries from the:

- general public;
- Social Security claimants; or
- pension plan administrators.

These guidelines supplement basic information about ERISA and SSA's role in the private pension plan system in RM 03201.001-RM 03201.007.

NOTE: Information about an individual's vested pension rights on file with SSA can be disclosed only as permitted by law — see GN 03302.005 and GN 03302.010 for basic rules on access to SSA's records.

03270.005 Handling ERISA Inquiries From the General Public

A. Introduction

Field offices (FO) may receive ERISA inquiries from the general public in connection with:

- Requests for an earnings statement or benefit estimate.
- Pre-retirement seminars involving SSA participation.
- Public information activities of FO personnel.

B. Procedure:

1. Request For SSA's Record of Individual's Vested Pension Benefit

a. Have the inquirer complete a written request that includes:
   - NH's SSN, name, date of birth, parents' names, and signature;
   - Name of pension plan and month and year the NH terminated employment covered by the plan;
   - The Privacy Act penalty statement: "I certify that I am the person to whom the record pertains, or that person's parent (if a minor) or legal guardian, or a person who is authorized to sign on behalf of that individual. I know that the knowing and willful request or acquisition of records under false pretences is a criminal offense subject to a fine of up to $5,000";
   - Name and address of person who is to be sent the information.

b. Have inquirer provide evidence of identity and, if a third party, written consent of the concerned individual.

c. Verify the accuracy of the NH's SSN by examining the NH's Social Security card or by checking the NUMIDENT.

d. Forward the request to:
   OCRO
   Attention: ERISA Correspondence Group
   P.O. Box 17055
   Baltimore, Maryland 21235.

2. Other Inquiries

Refer inquiries as follows:

B. Procedure: (Cont.)

2. Other Inquiries (Cont.)

TYPE OF INQUIRY	*REFER INQUIRER TO*
Request for Information About the ERISA Laws	Department of Labor Pension and Welfare Benefits Administration 200 Constitution Avenue Washington, D.C. 20216 **NOTE:** Currently, the Department of Labor has three public information publications that may be requested: • "What You Should Know About The Pension Law", • "How to File a Claim For Your Benefit", • "Know Your Pension Plan".
Request to See Copy of Pension Plan Description, Annual Reports, or Other Documents	• The plan administrator; • or, if appropriate, to the local district or area office of the Department of Labor's (DOL) Pension and Welfare Benefits Administration. **NOTE:** DOL district and area offices maintain copies of pension plan documents on file for public inspection and copies can be requested from these offices.
Request For Information About Tax Provisions Affecting Pensions	Internal Revenue Service (IRS). **NOTE:** For general information, the inquirer may call IRS's Forms/Tax Information telephone number listed in the telephone directory and request Publication 575 "Pension and Annuity Income" or Publication 571 "Tax Sheltered Annuity Programs for Employees of Public Schools and Certain Tax-Exempt Organizations".
Request For Information About Pension Plan Insurance Provisions	Pension Benefit Guaranty Corporation Branch of Coverage and Inquiries (541) 2020 K Street, NW Washington, D.C. 20006
Request For Other Information About a Specific Pension Plan	Pension plan administrator. **NOTE:** The pension plan administrator is identified in the summary plan description provided to each plan participant or can be identified by the employer.

03270.007 Handling ERISA Inquiries From Pension Plan Administrators - Procedure

TYPE OF INQUIRY OR CORRESPONDENCE	*REFER TO*
Request For Copy of Schedule SSA "Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits" Filed by the Plan	OCRO Attention: ERISA Correspondence Group P.O. Box 17055 Baltimore, Maryland 21235 and advise the inquirer that OCRO will respond directly.
Request for Information About Pension Plan Filing Requirements	IRS **NOTE:** For general information, the inquirer may call IRS's Forms/Tax Information telephone number listed in the telephone directly and request Publication 1048 "Filing Requirements for Employee Benefit Plans."

TYPE OF INQUIRY OR CORRESPONDENCE	*REFER TO*
Request For Earnings Information About Pension Plan Participants	Guidelines in GN 03304.040B on disclosing earnings information to private pension plans under a reimbursable agreement.
Request For Address of Former Plan Participant to Provide Plan Information	Guidelines in GN 03308.000 for letter forwarding procedures. **NOTE:** Disclosure provisions do not permit release of a former plan participant's address to the plan administrator.

03270.009 Handling Inquiries About SSA's ERISA Notice on Form SSA-L99-C1

A. Introduction

Most field office inquiries will occur after the inquirer receives Form SSA-L99-C1, "Notice of Potential Private Pension Benefits" (Exhibit 1, RM 03270.015) from Central Office. This notice is sent after a written request is made or claim for title II benefits or hospital insurance benefits is filed. The only source for the information shown on this notice is the Schedule SSA of Form 5500 filed with IRS by the pension plan (see Exhibit 2, RM 03270.020).

B. Procedure

NATURE OF INQUIRY	*ACTION*
Explanation of the ERISA Notice	As appropriate, provide information about: • SSA's role in ERISA matters as set out in this subchapter and in RM 03201.000. • Meaning of the terms used in the notice (see RM 03270.011) and the purpose of the notice.
Information on Filing for Pension Benefits	Advise inquirer to contact the plan administrator.
Pension Plan's Current Address — Address Shown on ERISA Notice is Incorrect	• Explain that address shown on ERISA notice was the pension plan address reported to IRS at the end of the year shown in the "year reported" block of the notice. • Refer the inquirer to NH's employer covered by the plan; and, if employer cannot be contacted, refer to local district or area office of the Department of Labor's Pension and Welfare Benefits Administration listed in the telephone directory.
Why the Pension Benefit Guaranty Corporation is Shown as Plan Administrator	Explain that the Pension Benefit Guaranty Corporation (PBGC) takes over administration of certain pension plans when the plan terminates to ensure that participants receive their vested benefits. **NOTE:** Only "defined benefit plans" (see RM 03201.003) are insured by PBGC and thus subject to PBGC administration when the plan terminates.
Explanation of Why Pension Amount Shown on ERISA Notice Differs From Amount Determined By the Plan	Explain that: • The amount shown on the ERISA notice was the amount reported to IRS by the plan at the end of the plan year shown on the form. • The notice does not reflect any changes in the pension plan provisions that occurred after the plan year shown. • In the case of PBGC-administered plans, the law limits the pension amounts that can be guaranteed by PBGC.

B. Procedure (Cont.)

NATURE OF INQUIRY	*ACTION*
More Information — Plan Says NH Was Not a Participant	• Verify NH's SSN shown on the ERISA notice with the NUMIDENT to determine if notice was sent to wrong person; if so, explain the error and advise the inquirer to destroy the notice. • If the NH's SSN was correctly shown on the ERISA notice, prepare a memorandum to OCRO requesting a microfilm copy of the Schedule SSA to verify that pension plan name and address shown on the ERISA notice is the same as shown on the Schedule SSA. If so, tell inquirer to contact the plan administrator for further explanation; and if the plan name and address is significantly different, give inquirer plan name and address shown on the Schedule SSA.
More Information — Plan Says No Benefits Are Payable	• Advise the inquirer that ERISA laws provide that pension plans provide for a full and fair review of all denied claims and the inquirer may request such a review within 60 days of the denial of the claim. • If the inquirer is a surviving spouse of the plan participant, ask if the NH or spouse ever waived surviving spouse's benefits or if the NH had cashed out his or her pension benefits. If so, explain that this may be the reason no surviving spouse's benefit is payable. **NOTE:** ERISA laws did not require the spouse's consent to waive survivor benefits prior to 1985 (for single employer plans) or prior to 1987 (for multiple employer plans); and pension plans may "cash out" (refund to the NH) vested benefit amounts of $3500 or less without the participants' consent.

03270.011 Terms Used on ERISA Notice Form SSA-L99-C1 - Glossary

TERM	*DEFINITION*
"Annuity Payable Over Fixed Number of Years"	A pension payable for not less than a specified period. If the participant dies within the period, payment for the balance of the period is paid to survivor.
"Cash Refund Life Annuity"	A penison payable for life that guarantees payment of a fixed sum. If the participant dies before receiving pension payments equal to that sum, the balance is paid to survivor.
"Joint and Last Survivor Life"	A pension payable for life and, upon the participant's death, payable to survivor (in either the same or a reduced amount).
"Life Annuity"	A pension payable for the life of the participant.
"Life Annuity With Period Certain"	A pension payable for life but not less than a specified period. If the participant dies within the period, payment for the balance of the period is paid to survivor.
"Modified Cash Refund Life Annuity"	A pension payable for life with a guarantee that pension payments will equal the participant's contributions. If the participant dies before receiving payments equal to contributions made, the difference is paid to survivor.
"Single Sum Annuity"	A lump sum amount payable in lieu of a pension paid in periodic installments.

03270.015 Exhibit 1, SSA-L99-C1, Notice of Potential Private Pension Benefits - (Front)

NOTICE OF POTENTIAL PRIVATE PENSION BENEFITS

From: Social Security Administration
P.O. Box 17055, Baltimore, MD 21235

Social Security Number

Name

The Employee Retirement Income Security Act of 1974 provides that private pension plan administrators must furnish information about workers who have earned private pension benefit rights. The Social Security Administration records this and furnishes notices of potential benefits to individuals upon request and automatically to social security claimants.

The worker whose name and social security number are shown above may be entitled to some benefits upon retirement and his/her family may be entitled to benefits then or when the worker dies. These potential benefits (noted below) are separate from social security benefits, and any questions or applications should be directed to the pension plan administrator whose name is shown below.

Plan Name		Plan Number
Plan Administrator		Identification Number
Year Reported	Amount	Type of Annuity
Payment Frequency	Units or Shares	Value of Account

IMPORTANT: SEE REVERSE SIDE FOR EXPLANATION OF THIS INFORMATION.

Exhibit 1, SSA-L99-C1, Notice of Potential Private Pension Benefits - (Back)

CHANGES IN YOUR PRIVATE PENSION RIGHTS MAY HAVE OCCURRED AFTER THIS PENSION INFORMATION WAS RECEIVED BY THE SOCIAL SECURITY ADMINISTRATION. THESE CHANGES MAY RESULT FROM YOUR CHOICE(S) IN THE TYPE OF BENEFIT(S) YOU ELECT TO RECEIVE OR FROM CHANGES IN THE PENSION PLAN ITSELF. THEREFORE, THE ACTUAL METHOD AND/OR AMOUNT OF PAYMENT MAY DIFFER FROM THAT SHOWN ON THE FRONT OF THIS FORM.

EXPLANATION OF INFORMATION FURNISHED

YEAR REPORTED

This is the plan year for which the Plan Administrator submitted this information.

AMOUNT

The amount of periodic payment that will be made to the participant at normal retirement age. (Actual amount paid may differ–See first paragraph above in RED)

TYPE OF ANNUITY

The code listed identifies the type of annuity that will be provided for the participant. The type of annuity shown is that which normally accrues and vests benefits under the plan at the time of the participant's separation from service covered by the plan.

A A single sum
B Annuity payable over fixed number of years
C Life annuity
D Life annuity with period certain
E Cash refund life annuity
F Modified cash refund life annuity
G Joint and last survivor life annuity
M Other (Type of annuity not reported by Plan Administrator)

PAYMENT FREQUENCY

The code listed identifies the benefit payment frequency during a 12 month period.

A Lump sum
B Annually
C Semi-annually
D Quarterly
E Monthly
M Other (Payment frequency not reported to us)

UNITS OR SHARES

If the participant's share of the pension fund will be determined on the basis of units, the number of units credited will be shown.

If a determination is made on the basis of shares of stock of the employer, the number of shares will be shown together with the letter "S" to indicate shares.

VALUE OF ACCOUNT

The amount, when shown, indicates the value of the account at the time of separation.

03270.020 Exhibit 2, Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits (Front)

SCHEDULE SSA (Form 5500)

Department of the Treasury
Internal Revenue Service

Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

Under Section 6057(a) of the Internal Revenue Code

▶ File as an attachment to Form 5500, 5500-C, or 5500-R.

▶ For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 5500 or 5500-C.

OMB No. 1210-0016

1988

This Form is NOT Open to Public Inspection

For the calendar year 1988 or fiscal plan year beginning , 1988, and ending , 19

▶ **This form must be filed for each plan year in which one or more participants with deferred vested benefit rights separated from the service covered by the plan. See instructions on when to report a separated employee.**

1a Name of sponsor (employer if for a single employer plan)

1b Sponsor's employer identification number

Address (number and street)

1c Is this a plan to which more than one employer contributes? ☐ Yes ☐ No

City or town, state, and ZIP code

2a Name of plan administrator (if other than sponsor)

2b Administrator's employer identification no.

Address (number and street)

City or town, state, and ZIP code

3a Name of plan

3b Plan number ▶

4 Have you notified each separated participant of his or her deferred benefit? ☐ Yes ☐ No

5 Separated participants with deferred vested benefits (if additional space is required, see instruction, "What To File"):

(a) Social Security Number	(b) Name of participant	Enter code for nature and form of benefit		Amount of vested benefit			(h) Plan year in which participant separated
		(c) Type of annuity	(d) Payment frequency	(e) Defined benefit plan—periodic payment	Defined contribution plan (f) Units or shares	Defined contribution plan (g) Total value of account	

The Following Information Is Optional (See Specific Instruction 6)

6 Use this item to report (i) separated participants with deferred vested benefits who were previously reported on Schedule SSA (Form 5500) and who have received part or all of their vested benefits or who have forfeited their benefits during the plan year for which this form is being filed, and (ii) to delete participants erroneously reported on a prior Schedule SSA (Form 5500):
Note: *Participants listed in this item, because they have received part of their vested benefits, must also be reported in item 5 above listing their remaining vested benefits.*

(a) Social Security Number	(b) Name of participant	Enter code for nature and form of benefit		Amount of vested benefit			(h) Plan year in which participant separated
		(c) Type of annuity	(d) Payment frequency	(e) Defined benefit plan—periodic payment	Defined contribution plan (f) Units or shares	Defined contribution plan (g) Total value of account	

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

Date

Signature of plan administrator

Exhibit 2, Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits (Back)

General Instructions

Note: *Please type or print all information and submit original copy only.*

Who Must File.—The plan administrator must file this form for any plan year for which a separated plan participant is reported under "When To Report a Separated Participant" below.

What To File.—File this schedule and complete all items. If you need more space, use additional copies of Schedule SSA, completing only items 1, 3, 5, and 6 of the additional copies.

A machine-generated computer listing showing the information required in items 5 and 6 may be submitted in lieu of completing items 5 and 6 on the schedule. Complete items 1 through 4 on Schedule SSA and enter in items 5 and 6 a statement that a list is attached. On each page of the computer list, enter the name of the sponsor, the EIN, the plan name, and the plan number. The list must be in the same format as items 5 and 6.

How To File.—File as an attachment to Form 5500, 5500-C, or 5500-R.

When To Report a Separated Participant.—

In general, ***for a plan to which only one employer contributes,*** a participant must be reported on Schedule SSA if:

(1) The participant separates from service covered by the plan in a plan year, and

(2) The participant is entitled to a deferred vested benefit under the plan.

The separated participant must be reported no later than on the Schedule SSA filed for the plan year following the plan year in which separation occurred. The participant may be reported earlier (i.e., on the Schedule SSA filed for the plan year in which separation occurred). Once separated participants have been reported on a Schedule SSA they should not be reported on a subsequent year's Schedule SSA.

However, a participant is not required to be reported on Schedule SSA if, before the date the Schedule SSA is required to be filed (including any extension of time for filing), the participant:

(1) Is paid some or all of the deferred vested retirement benefit,

(2) Returns to service covered by the plan, or

(3) Forfeits all of the deferred vested retirement benefit.

In general, ***for a plan to which more than one employer contributes,*** a participant must be reported on Schedule SSA if:

(1) The participant incurs two successive one-year breaks in service (as defined in the plan for vesting purposes) in service computation periods, and

(2) The participant is (or may be) entitled to a deferred vested benefit under the plan.

The participant must be reported no later than on the Schedule SSA filed for the plan year in which the participant completed the second of the two consecutive one-year breaks in service. The participant may be reported earlier (i.e., on the Schedule SSA filed for the plan year in which he or she separated from service or completed the first one-year break in service).

However, a participant is not required to be reported on Schedule SSA if, before the date the Schedule SSA is required to be filed (including any extension of time for filing), the participant:

(1) Is paid some or all of the deferred vested retirement benefit,

(2) Accrues additional retirement benefits under the plan, or

(3) Forfeits all of the deferred vested retirement benefit.

Cessation of Payment of Benefits.—As described above in "When To Report a Separated Participant," a participant is not required to be reported on Schedule SSA if, before the date the Schedule SSA is required to be filed, some of the deferred vested benefit to which the participant is entitled is paid to the participant. If payment of the deferred vested benefit ceases before all of the benefit is paid to the participant, the benefit to which the participant remains entitled must be reported on the Schedule SSA filed for the plan year following the last plan year within which any of the benefit was paid to the participant. However, a participant is not required to be reported on Schedule SSA on account of a cessation of payment of benefits if, before the date the schedule is required to be filed (including any extension of time for filing), the participant:

(1) Returns to service covered by the plan,

(2) Accrues additional retirement benefits under the plan, or

(3) Forfeits the remaining benefit.

Separation of a Re-employed Employee.— The deferred vested benefit reported on the current Schedule SSA for a re-employed employee who is again separated from service must include only the benefit not previously reported in or for prior years. Generally, the benefit to be shown on the current filing will be the benefit earned during the re-employment period.

Caution: *A penalty may be assessed if Schedule SSA (Form 5500) is not timely filed.*

Specific Instructions

4. Check "Yes" if you have complied with the requirements of Code section 6057(e). The notification to each participant must include the information set forth on this schedule and the information with respect to any contributions made by the participant and not withdrawn by the end of the plan year. Any benefits that are forfeitable if the participant dies before a certain date must be shown on the statement.

5(a). Please be careful to enter the exact social security number of each participant listed.

If the participant is a foreign national employed outside of the United States who does not have a social security number, enter the participant's nationality.

5(b). Enter each participant's name exactly as it appears on the participant's social security card or the employer's payroll records for purposes of reporting to the Social Security Administration.

5(c). From the following list, select the code that describes the type of annuity that will be provided for the participant. The type of annuity to be entered is the type that normally accrues under the plan at the time of the participant's separation from service covered by the plan (or for a plan to which more than one employer contributes at the time the participant incurs the second consecutive one-year break in service under the plan).

A A single sum
B Annuity payable over fixed number of years
C Life annuity
D Life annuity with period certain
E Cash refund life annuity
F Modified cash refund life annuity
G Joint and last survivor life annuity
M Other

5(d). From the following list, select the code that describes the benefit payment frequency during a 12-month period.

A Lump sum
B Annually
C Semiannually
D Quarterly
E Monthly
M Other

5(e). For a defined benefit plan, enter the amount of the periodic payment that a participant would normally be entitled to receive under 5(c), commencing at normal retirement age. However, if it is more expedient to show the amount of periodic payment the participant would be entitled to receive at early retirement date, enter that amount.

For a plan to which more than one employer contributes, if the amount of the periodic payment cannot be accurately determined because the plan administrator does not maintain complete records of covered service, enter an estimated amount and add the letter "X" in column 5(c) in addition to the annuity code to indicate that it is an estimate. If, from records maintained by the plan administrator, it cannot be determined whether the participant is entitled to any deferred vested benefit, but there is reason to believe he or she may be entitled, leave column 5(e) blank and enter "Y" in column 5(c) in addition to the annuity code.

5(f). For a defined contribution plan, if the plan states that a participant's share of the fund will be determined on the basis of units, enter the number of units credited to the participant.

If, under the plan, participation is determined on the basis of shares of stock of the employer, enter the number of shares and add the letter "S" to indicate shares. A number without the "S" will be interpreted to mean units.

5(g). For defined contribution plans, enter the value of the participant's account at the time of separation.

6. If, after a participant has been reported on Schedule SSA, the participant:

(1) is paid some or all of the deferred vested retirement benefit, or

(2) forfeits all of the deferred vested retirement benefit,

the plan administrator may, at its option, request that the participant's deferred vested benefit be deleted from Social Security Administration's records. Information reported in item 6, columns (a) through (g), is to be the exact information previously reported on Schedule SSA for the participant.

If this option is chosen because the participant is paid some of the deferred vested benefit, the reporting requirements described in "Cessation of Payment of Benefits" above apply if payment of the benefit ceases before all of the benefit is paid to the participant.

Also, if a person was erroneously reported on a prior Schedule SSA, use item 6 to delete this information from Social Security Administration's records.

Signature.—This form must be signed by the plan administrator. If more than one Schedule SSA is filed for one plan, only page one should be signed.

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